

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Turner et al.

Attorney Docket No.: NOVLP074

Application No.: 09/998,993

Examiner: Maldonado, Julio J.

Filed: November 15, 2001

Group: 2823

Title: Phosphorous-Doped Silicon Dioxide Process
to Customize Contact Etch Profiles

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this paper and the documents and/or fees referred to as attached therein are being deposited with the United States Postal Service on January 16, 2004 in an envelope as "Express Mail Post Office to Addressee" service under 37 CFR §1.10, Mailing Label Number EV334020118US, addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____



Ryan Eachus

AMENDMENT B

Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 16, 2003 ("Office Action"), please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims that begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



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Signed: 

Ryan Eachus

AMENDMENT TRANSMITTAL

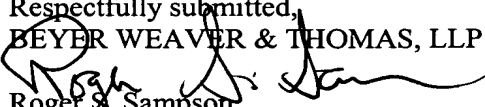
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.
The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	25	MINUS	25	0	x 9 =	x 18 = 0
Independent Claims	5	MINUS	5	0	x 43 =	x 86 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$0

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. NOVLP074).

Respectfully submitted,

BEYER WEAVER & THOMAS, LLP
Roger S. Sampson
Reg. No. 42,963

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